

Saginaw Chippewa Indian Tribe Tribal Court 6954 E. Broadway Mt. Pleasant, MI 48858 989-775-4800	PETITION FOR APPOINTMENT OF GUARDIAN OF AN INCAPACITATED INDIVIDUAL	Case Number:
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IN THE MATTER OF: _____
(Alleged Legally Incapacitated Person)

1. I, _____ am interested in this matter and make this petition as
Name (type or print)

(state interest/relationship)

An action within this jurisdiction of a division of the tribal court involving their family or family members of the above named person has been previously filed in _____ Court, Case # _____ was assigned to _____, and [] remains [] is no longer pending.
Judge _____

The above named adult, born _____ is a resident of _____
Date of birth City, village or township
this reservation and is [] Indian [] a member of the Saginaw Chippewa Tribe and lives at

Address	City	State	Zip	Telephone #
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The adult has _____ A general durable power of attorney: _____

Name and address

_____ A durable power of attorney for health care: _____

Name and address

_____ A conservator: _____

Conservator's Name and Address

The adult is in need of a guardian because he/she lacks sufficient understanding or capacity to make or communicate informed decisions concerning his/her person due to:

_____ Mental Illness	_____ Physical illness or disability
_____ Mental deficiency	_____ Chronic intoxication
_____ Chronic drug use	_____ Other:

Following are specific facts about the adult's condition and specific examples of the adult's recent conduct that demonstrate the need for the appointment of a guardian: (Attach a separate sheet if more space is needed. Please attach a letter from the person's physician/medical provider)

The name and address of the person (if any) who has the care and custody of the adult are:

The adult _____ is _____ is not entitled to receive Veteran's Administration benefits.

The Veteran's Administration claimant number is: _____

The adult to be protected has:

- ☐ A spouse whose name and address is listed below.
- ☐ Child(ren) whose names(s) and address(es) are listed below.
- ☐ No living child, but has living parent(s) whose name(s) and address(es) are listed below.
- ☐ No spouse, children, or parents. The name(s) and address(es) of presumptive heirs are listed below.
- ☐ No presumptive heirs

NAME	RELATIONSHIP	ADDRESS

None of the above named spouse, children, parents, or presumptive heirs are under any legal incapacity except:

Give name, legal incapacity, and representative of the person, if any

I REQUEST that the adult be determined to be a legally incapacitate person and

Name

of

Address

City

State

Zip

Telephone #

who has priority as

be appointed ☐ full guardian with all powers provided by statute.

☐ limited guardian with the following powers:

☐ No other person appears to have authority to act in the circumstances. I request that a temporary guardian be appointed pending a hearing on this petition because of the following emergency which presents a danger to this person:

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief:

Date

Address

Petitioners Signature

City

State

Zip

Telephone #

NOMINATION BY THE ALLEGED LEGALLY INCAPACITATED PERSON in the event the court finds that I require a guardian, I nominate:

Name

Address

City

State

Zip

Telephone #

Attorney Signature

Date

Name (type or print)

Signature of alleged legally incapacitate person

Address

City

State

Zip

Telephone #